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State of California—Health and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services Toxic Substruces Control Division Sacramento, California

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	Para Plate 3242 E. Olympic Blvd., Los Angeles, CA 90023 4. Generators Phone (213) 268-4281					A State Menifest Document Number 86534545 B. State Generators ID CAX00003648.3						
	5. Transporter 1 Company Name 6. US EPAID Number				C. State Transporterie (D.							
	Transporter 2 Company Name Besignated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602 CA DO 4 2 24 5 0 01					D. Transporter's Phone 213/698-09 E. State Transporter's ID F. Transporter's Phone G. State Facility's ID CAD 04 2 2 4 5 0 0 1						
						1 H. Facility a Phone 213/698-0991						
	11. US DOT Description (Including Proper Shipping Name, Hazard Class,	and ID Number)	•	Cont o.	liners Type		13. Total uantity	14. Unit Wt/Vol	i Waste No			
G E N	^{a.} Waste ORM-A N.O.S. NA 1693 (Flexosolvent)	ORM-A	0 0	(DΜ		6 7 .a		211			
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	J. Additional Descriptions for Materials Listed Above K: Handling Codes for Wastes Listed Above											
	Ro1											
	15. Special Handling Instructions and Additional Information											
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.											
	Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I											
	have determined to be economically practicable and I have selecte minimizes the present and future threat to human health and the envir Printed/Typed Name	onment.	nent,	stora	ge, or o	disposi	al current		in the transfer of			
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TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature							Month Day Y	ear		
SPC	18. Transporter 2 Acknowledgement of Receipt of Materials		•	2/) <u>-</u>				181 1718	16		
A T		Signature			<u>-</u>		···		Month Day Y	ear		
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